Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM

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State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

03 FEB 26 PH 2: 05

(Type or print clearly in black ink) See instructions at bottom of page Period covered Date prepared Lobbyist's name and permanent business address month ending Denise J Rogers 1611 4th St South (Day) 02/26/08 (Mo.) (Yr.) Nampa ID 83651 02 29 80 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Item Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Employer No. 4 Employer No. 3 Employer No. 1 Employer No. 2 Do Not Have to be Reported Entertainment 0.00 0.00 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 00.0 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Names of Legislators, Public and Executive Officials in Group Amount Place Date N/A Continued on attached page(s) Įtem. Employer(s) Name(s) and Address(es) INSTRUCTIONS No. 1 Idaho Association of Chiropractic Physicians Who should file this form: Any lobbyist registered under Section P O Box 1863, Boise ID 83701 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Den Ysursa Secretary of State PO Box 83720

No. 4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
-					me of L	of Legislator, Public of Executive Official Receiving of Benefiting			
	N/A			·					
Îtem				ion, the number of the Senate		LEGISLATIVE SUBJECT IDENTIFICATION			
5				legislative activity in which		·			
	the L	obbyist w	vas supportin <u>s</u> or op	posing.		Subject		Subject	
Subjec	Code	Bill. Re	esolution or Other	Appropriation Bill Number	- 01	Agriculture, horticulture,	17	Health service, medicine, drugs	
(from			tive Ident. Number	and Section Number		farming, and livestock		and controlled substances, health	
					02	Amusements, games, athletics		insuranco, hospitals	
1	7					and sports	18	Higher education	
					03	Banking, finance, credit and	19 20	Housing, construction, codes insurance (excluding health	
					04	investments Children, minors, youth,	20	insurance)	
					1 0	senior citizens	21	Labor, salaries and wages,	
					05		21	collective bargaining	
					06	_	22	Law enforcement, courts,	
					07	Ecology, environment, pollution,		judges, crimes, prisons	
						conservation, zoning, land and	23	License, permits	
					1	water use	24	Liquor	
				}	08		25	Manufacturing, distribution and	
					09	Elections, campaigns, voting,		services	
				ļ	"	political parties	26	Natural resources, forest and	
				į	10			forest products, fisheries, mining	
						minority affairs		and mining products	
				ł	11		27	Public lands, parks, recreation	
	1				1	taxation, revenue, budget,	28	Social insurance, unemployment	
					1	appropriations, bids, fccs, funds		insurance, public assistance,	
					12	Government, county		workmen's compensation	
					13	•	29	Transportation, highways.	
					14			streets and roads	
					15	Government, special districts	30	Utilities, communications,	
					16	Government, state		televisions, radio, newspaper,	
					1			power, CATV, gas	
					1		31	Other (please specify)	
				l					
				1	1				
				ł.	1				
				1	1				
				1	1	CERTIFICATION: I hereby certif	that t	ne above is a rue comolere and	
						correct statement in accordance			
				1-1	_		500	TOTAL MEMO COME	
Item Identify any rule, ratemaking decision, procurement, contract,			t,	()					
6 bid or bid process, financial services or bond lobbyist was				1 Year - 6 1 x	~	7/21/20			
supporting or apposing.			-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>	- 2449/01			
Chiropractic Rules/Bill				Loboyist signature	V	Date			
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